

Hillsboro Christian Preschool
6406 Hillsboro Lane
Crozet, VA 22932
434-823-5342

Application Received _____
Check Amount _____
Class _____

Application Form for Preschool Year 2018-2019

Child's Name _____ Named Used _____
Address _____ Zip Code _____
Home Phone _____ Gender: Male/Female
Birth Date _____ Toilet Train: Yes/No/In Process

Father's Name _____
Cell Phone _____
Occupation _____ Employer _____
Work Phone _____ Email Address _____

Mother's Name _____
Cell Phone _____
Occupation _____ Employer _____
Work Phone _____ Email Address _____

If your family attends church, where? _____
Child's parents are Married ___ Separated ___ Divorced ___ Deceased ___ Single ___
Names, ages, and gender of other children in family _____

List of others living in the household _____

Person responsible for child if both parents work: _____ Phone _____
Emergency Contact Person: _____ Phone _____

5 Day Program - \$280.00 per month _____
4 Day Program - \$255.00 per month _____
3 Day Program - \$225.00 per month _____
2 Day Program - \$195.00 per month _____

List any allergies or other medical concerns: _____

To enroll your child, please return this form with a \$65.00 non-refundable registration fee. Please submit tuition for September and a \$45.00 activity fee by September 4, 2018. Tuition for consecutive months will be due by the 5th.

Parent's Signature _____